

UNITED STATES DISTRICT COURT
for the
Western District of Tennessee

DANIEL LOVELACE and HELEN LOVELACE, Individually, and as Parents of BRETT LOVELACE, deceased)
Plaintiff(s))
v.)
PEDIATRIC ANESTHESIOLOGISTS, P.A.; BABU RAO PAIDIPALLI; and, MARK P. CLEMONS)
Defendant(s))

Civil Action No. 13-2289 dkv

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) PEDIATRIC ANESTHESIOLOGISTS, P.A.
 Registered Agent: Donald E. Bourland
 5400 Poplar Ave., Ste. 100
 Memphis, TN 38119-3669

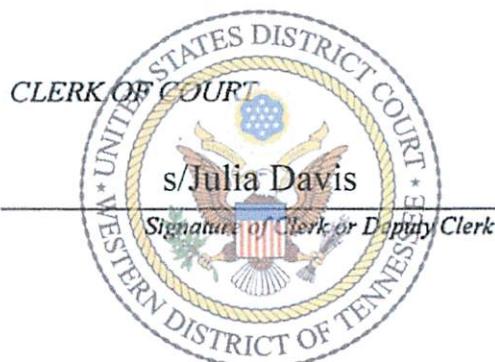
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mark Ledbetter
 Halliburton & Ledbetter
 254 Court Ave., Ste. 305
 Memphis, TN 38103
 901/523-8153

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 5/8/2013



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Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____,
a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* DONALD E. BOURLAND, ATTORNEY AT LAW, who is
designated by law to accept service of process on behalf of *(name of organization)*
PEDIATRIC ANESTHESIOLOGISTS, P.A. on *(date)* 5-15-2013; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 5-15-2013

Don Dunavant, P.P.S.
Server's signature

Don Dunavant, PRIVATE PROCESS SERVER
Printed name and title

P.O. Box 80, ELLENDALE, TN. 38029.
Server's address

Additional information regarding attempted service, etc:

W.M. 50:7

5-15-2013